



# AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

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Dear Senator:

On behalf of the American Federation of Government Employees, AFL-CIO, and the 600,000 federal employees we represent, including 150,000 workers at the Department of Veterans' Affairs (VA), **I urge you to support increased funding for veterans' health care when the Senate considers the FY 2005 Supplemental Appropriations bill.**

Senator Patty Murray (D-WA) and Senator Daniel Akaka (D-HI) will offer an amendment to the FY 2005 Supplemental Appropriations bill to provide an additional \$1.975 billion for veterans' health care to help VA facilities nationwide hire desperately needed staff and ensure that veterans receive the care they have earned. **I urge you to support the Murray-Akaka amendment to increase FY 2005 funds for veterans' health care by \$1.975 billion.**

With adequate funding the VA is without match as the leader in patient safety, health outcomes, and patient satisfaction. The VA exceeds the performance of private sector and Medicare providers in key health care quality indicators such as cancer screening for early detection, and compliance with accepted clinical guidelines in managing diabetes, heart disease, hypertensive disease, and mental health. VA medical centers and clinics provide specialized services in areas such as prosthetics, spinal cord injury, post-traumatic stress disorder, serious mental illness, blind rehabilitation and traumatic brain injury that are not readily available in the private sector.

**The Murray-Akaka Amendment will provide \$840 million to reverse current budget shortfalls and enable VA hospitals to prepare for an influx of new veterans.**

VA facilities are taking drastic actions to cope with budget shortfalls. VA hospitals across the nation are short-staffed, denying veterans medical care, unable to hire hospital staff and cannot replace broken or antiquated equipment because of 2005 budget shortfalls and inadequate funds to meet demand for care.

VA officials may use euphemisms like "budget challenges" to describe budget deficits, "lagging in hiring" to describe hiring freezes or "management efficiencies"



to describe diverting equipment and maintenance funds to cover a budget deficit but the reality of funding shortfalls across the nation is stark. For example:

- In Maine, the Togus VA Medical Center faced a \$14.2 million shortfall in mid-January of this fiscal year. To reduce the budget gap to \$7 million the facility has diverted funds for equipment and left staff vacancies unfilled. The facility has not been able to purchase a needed Magnetic Resonance Imaging (MRI) machine due to the budget shortfall. Specialty services such as physical rehabilitation and mental health services are already operating with less staff than needed to meet demand. Due to the shortfall, the facility has not been able to conduct needed repairs on buildings and as a result protective scaffolding has been put up to block crumbling bricks from falling on patients, visitors and employees entering the nursing home building.
- In Minnesota, the Minneapolis VA Medical Center is facing a \$7 million budget shortfall. The facility houses one of VA's four new Polytrauma Centers, designed to develop specialized expertise in the care of veterans with complex, multiple injuries, including amputations, brain injuries, musculoskeletal injuries and emotional adjustment problems. Due to the budget shortfall no new nursing staff is being added to provide soldiers returning from Iraq with this highly specialized care. The budget cannot support an increase in staff.
- In Colorado, the Eastern Colorado Health Care System, which includes the Denver VA Medical Center and seven community outpatient clinics, is projected to be short \$7.25 million in operating expenses this fiscal year.
- In Missouri, the Kansas City VA Medical Center has a projected \$10 million shortfall and the facility will need to cut at least 88 hospital employees. The patient call button system on the post-surgical ward is antiquated. When the system frequently breaks down the patients are unable to call for their Registered Nurse. Replacing this key system is a priority but because of the shortfall, funds which would have been used to replace this system have been diverted to pay for other priorities. The facility is not able to hire enough housekeeping staff to empty hospital trash cans on a daily basis.
- In South Dakota, the Sioux Falls VA medical facility has 720 soldiers returning from Iraq on its rolls but the facility is projected to have a \$7 million shortfall by the end of September which will threaten access to care. To reduce this deficit the facility plans to save \$700,000 by not filling vacancies in medical, nursing and social work staff. The facility needs 58 new beds to replace old beds that are not in good condition. To make do, staff has resorted to repairing one bed frame with duct tape and wire. The facility is unable to replace these beds due to the budget shortfall.

Understaffing and increased demand for care have forced this facility to send veterans to a non-VA hospital for care on average two or three times a month because the beds at the Sioux Falls VA hospital are full.

Despite the budget crisis, the staff provides excellent care. Last year, the VA hospital received a higher rating by the Joint Commission on Accreditation of Healthcare Organizations than the two non-VA hospitals in the community.

The Black Hills Health Care System, which includes VA facilities at Fort Meade and Hot Springs, South Dakota, are also in a budgetary crisis with a projected \$3 million budget shortfall.

- In Washington, the FY 2005 expenditures for the VA Puget Sound Health Care System, which includes hospitals in Seattle and American Lake, are projected to exceed available funds by \$11 million. To reduce the gap the two facilities will not back-fill or replace staffing vacancies. There are approximately eight new vacancies every two weeks and those lost positions will not be filled. The goal is to decrease hospital staff by 160 positions.
- In Maryland, the VA Maryland Health Care System has a projected budget shortfall of \$16.5 million.
- In Florida, the VISN 8 facilities were facing a \$150 million deficit earlier this year. The shortfall for the West Palm Beach Medical Center is now at \$6 million. VA management is seeking to reduce the shortfall by quickly replacing staff to collect co-payments from veterans and bill insurance companies but delaying the hiring of an orthopedist and a physician specializing in pain management.

**The Murray-Akaka Amendment will provide \$525 million for mental health enhancements and \$610 million to care for returning service members from Operation Iraqi Freedom and Operation Enduring Freedom.**

According to a recent issue of the *New England Journal of Medicine*, 20 percent of eligible ex-soldiers of Operation Enduring Freedom and Operation Iraqi Freedom came to VA hospitals seeking medical treatment in the last 16 months. One in four of these new veterans was diagnosed with mental disorders, such as post-traumatic stress disorder (PTSD). If left untreated PTSD can lead to substance abuse, depression and suicide.

The VA has projected that the newest veterans are likely to need \$600 billion in disability compensation over the next 30 years. In addition to disability

compensation benefits these veterans will be entitled to medical care at VA hospitals.

According to the VA's National Center for PTSD fact sheet for professionals the most troubling aspect of military-related PTSD is its chronic course. "It is vitally important to provide early intervention to reduce the risk of chronic impairment in veterans." However, early intervention may not be possible. The Government Accountability Office has reported that the VA is the world leader in the treatment of PTSD but six out of seven VA hospital officials believe they may not be able to meet an increased demand for PTSD services.

To honor the men and women serving our nation in Iraq and Afghanistan, the VA and the Department of Defense must have additional resources to ensure that soldiers are transitioned back to civilian life and that the VA is fully staffed to provide needed mental health services. As a nation, we must fully staff the VA to care for veterans in need of mental health care services – it is part of the true cost of war.

**I urge you to help VA health care workers honor our nation's pledge to veterans by supporting the Murray-Akaka Amendment to provide supplemental funding for veterans' health care in FY 2005.**

Sincerely,

Beth Moten  
Legislative and Political Director